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☞All Communications must be addressed to R. C. WORD, M. D., Managing Editor.

"*Quicquid Præcipies Esto Brevis.*"

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## ORIGINAL AND SELECTED ARTICLES.

### THE DUTIES OF MEDICAL MEN TO MEDICAL SOCIETIES.

*The President's Address, delivered at the Inaugural Meeting of the Atlanta Society of Medicine, January 4, 1887.*

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*Gentlemen of the Atlanta Society of Medicine:* In assuming the office of President of this Society, to which your preference has elected me, it becomes my duty, in accordance with the requirements of the Constitution, to deliver an inaugural address. Before proceeding to the fulfillment of this task, allow me to say a few words expressive of my high appreciation of the honor which you have conferred upon me—an honor which is all the more grateful from the fact that it comes entirely unsought, and which I may therefore feel warranted in regarding as a flattering evidence of your esteem and confidence.

I speak of the office of President of the Atlanta Society of Medicine as an important one, for such it is. Our city has attained a growth and a prominence which place it among the best known cities of the land. In size it is excelled by only two cities in the South. As a medical centre it is excelled by none. It can boast of two good medical schools, with an aggregate of twenty-eight instructors and over two hundred students drawn from all parts of

the country, not excepting even distant New England. It sends out to the professional world two monthly medical journals, with a combined circulation of upwards of five thousand subscribers. These journals are in no sense local publications, since they go to nearly every State in the Union, find many readers in Europe, and even penetrate to such remote regions as Australia and the Cape of Good Hope. No such showing as this can be made by any other city in the South. The distinguishing enterprise and energy of Atlanta are manifested in this respect, no less than in her commercial, financial, mechanical and social preeminence. The extent of the influence exerted by our medical schools and our professional journals can hardly be over-estimated. Our corps of medical teachers embraces men whose fame as physicians and as writers is not limited by the confines of our city, our state or even our country. Our journals give to the profession medical literature of such a character as to be thought worthy of quotation and comment by the leading journals of the world.

It follows that the men who make up the medical profession of such a city are men of whom much may reasonably be expected. We are not a band of provincial, rural doctors, hampered by lack of clinical advantages and opportunities for observation, and dwarfed in our growth by professional isolation and absence of the privileges of intimate association and interchange of thought and experience. It is to us that such men look for encouragement, for instruction, for advice. We cannot shirk this responsibility, if we would. It is forced upon us by the circumstances in which we are placed. In view of our superior facilities for wide experience and observation, the profession has a right to expect from us good work in the advancement of medical science. If we fail to show such good work, then we fail to attain to the full measure of our opportunities, and are derelict in the higher duties which our chosen profession entails upon us.

Unorganized work is, as a rule, inferior work. This principle is as true in the profession of medicine as in politics or religion, in spite of some notable exceptions. The best workers in our profession are found in the ranks of medical societies. This fact is recognized by the profession at large, and is attested by the increased space and prominence given to society reports by the leading medical journals. The medical society is assuming the importance which it deserves by virtue of the superior facilities which it affords for the comparison of clinical facts and therapeutic results; hence it may reasonably be expected that the Atlanta Society of Medicine will act a worthy part in directing medical thought and

in adding its little stream to the broad current of progress which is sweeping through the medical science of to-day, leaving stranded upon its banks the worthless *debris* of yesterday, but carrying onward to our successors of to-morrow all that is good and true and worthy of an enduring existence. To direct the work of this Society, to call out the best efforts of each individual member, and to consolidate those efforts for the common good is, therefore, no unimportant office, and no man is warranted in assuming the duties of that office who is not imbued with a deep sense of the responsibilities which thereby devolve upon him.

But it is not upon the President alone that the future of this Society rests. There are duties and responsibilities which you cannot delegate to him. He is but the engineer who stands at the throttle and directs and controls a force of which he is in no wise the originator. If that force is lacking, his courage, his fidelity, his skill will count for nothing. The responsibilities which rest upon each individual member of this Society, if less in degree, are in no wise less urgent than those which rest upon your presiding officer. It is in pursuance of this line of thought that I wish to ask your attention to what I shall have to say upon "The Duties of Medical Men to Medical Societies."

The highest ideal type of a physician is that of a man who is fitted by nature and by education for the duties of his profession—whose whole heart and soul are wrapped up in the alleviation of human suffering, and who, in the pursuance of this object, gives no thought to private interest, personal comfort, or pecuniary reward. But this ideal is never fully realized, though some approach it. The exigencies of modern life require that every man should "take thought for the morrow." The doctor must dress, must eat and drink, must rear and educate his children; he cannot, therefore, entirely ignore the pecuniary side of his work. A due regard for those whose welfare and happiness are dependent upon his life and health, demands that he should take such recreation and rest as will prevent the shortening of his life from overwork; hence he must divert his mind by other pursuits in whatever direction may chance to accord with his tastes. The ideal physician, therefore, like most other ideals, can never find its realization in actual life. A greater or less degree of approximation to it is all that can be hoped for.

From the standpoint of this ideal there exist two classes of physicians. The one class includes those men who regard the practice of medicine simply as a means of getting money. These men are so busy with their little muck-rakes that they have no time to look

up from their sordid occupation to recognize the existence of higher and better things. For such men my remarks are not intended. To speak to them of professional duties would be like "casting pearls before swine." But, fortunately, there is another class of practitioners to whom the practice of medicine is a profession, and not a trade; who recognize the element of humanity and of morality involved in that profession, and who are constantly striving, by earnest, conscientious endeavor, to approximate to the ideal of the true physician. It is to such men that my remarks are addressed, and it is by such men alone that my views will be appreciated.

To this latter class of men—which I am proud to believe includes the larger part of the profession—two distinct lines of duty present themselves. The first is the plain, unmistakable duty which the physician owes to his *clientele*. No honest man can practice medicine with a clear conscience who has not availed himself of every opportunity within his reach to fit himself for rendering to those who seek his aid the best professional service that the science of medicine can afford. I know of no more harrowing thought that can haunt a man than that a human life has been lost by his wilful ignorance or incompetence. The public has no choice but to place a blind confidence in a man who offers to them his medical services, since there is no means by which the competent can be distinguished from the incompetent. To abuse this confidence is to betray a sacred trust and to tamper with human life for the sake of sordid gain. It is the duty, therefore, of every physician, which he owes to his patients, to justify their confidence in his ability and skill by fitting himself to the utmost limit of his opportunities for the prevention and cure of disease.

But there is another line of duty which must present itself to the thoughtful and conscientious physician, and which, though less obvious and immediate than his duty to his patients, is none the less imperative. I refer to the duty which he owes to those who shall come after him. The profession of to-day has received a valuable foundation of medical knowledge from its immediate predecessors upon which to build a still more lofty superstructure. To our fathers we owe a debt which we can never repay to them in person; but we can cancel the obligation thus incurred by striving to transmit to our successors of to-morrow all that we have received, with a rich increase. A belief in the brotherhood of man makes it no less incumbent upon us to work for those who shall come after us than to work for those who are our immediate contemporaries. He who saves from death to-day a fruitful woman will have made an addition to the sum total of existence in the ages

yet to come, which will go on ever increasing and widening out to the end of time; and so, he who establishes one fact or formulates one principle upon which can be founded a more successful treatment of disease will, as the years go by, have relieved an incalculably greater amount of human suffering than he who devotes his energies solely to the benefit of the afflicted of his own day and generation. Thus when Marion Sims achieved immortality by giving to the world the speculum which bears his name, he conferred upon our race a benefit which shall be limited only by the duration of the solid earth itself. Which, then, is the greater duty, to heal the individual of to-day, or to heal the race of the future? Or, rather, is it not true that both alike demand the attention of the conscientious physician?

To the practitioner of medicine who has finished his collegiate course and entered upon his professional career, three methods offer themselves by which he may increase his store of medical knowledge: they are personal observation, study of medical literature, and discussion and comparison of views with fellow-practitioners. All are alike valuable and, if properly pursued, are productive of good results. Passing over the first two methods as not germane to the subject of this address, and attempting no comparison of the relative value of the three, I shall attempt to show that the last offers to the medical man advantages which can be gained in no other way.

The tendency of the medical mind when isolated from contact with other minds is to run into one or the other of two extremes: either to degenerate into blind, unreasoning routine or to soar into the realms of fanciful transcendentalism. There are very few men, in ours or in any other profession, who have an intellect which, when they are left to themselves, is sufficiently well balanced to prevent their falling into one or the other of these dangers. The one results in the production of the intellectual myope who knows nothing beyond the narrow range of his own near-sighted vision; the other produces the reverse of this—the man whose hypermetropic mental sight can appreciate only the distant abstract. Both are equally unfit for good professional or scientific work. To combat these tendencies no agency is so effectual as the free discussion and comparison of individual opinions and experiences. When brought into contact with other minds, the routinist is surprised to learn that there are facts entirely outside the range of his narrow experience; that there are useful remedies other than those which make up the contents of his saddle-bags or medicine-case; that his few meagre generalizations, based upon his limited experience,

when brought into contact with similar generalizations of other men, may combine to solve, as neither could do alone, complex questions of pathology or treatment of untold value in medical practice. In the same way the transcendentalist finds, to his chagrin, that when subjected to the strong light of hard common-sense and unbiased criticism, his theories will often evaporate into thin air; he discovers that one well-attested fact is of greater value than an hundred unsupported hypotheses, and that the principles which underlie the treatment of disease cannot be evolved from the depths of his own consciousness. Thus the two extremes, with the innumerable intermediate gradations, are brought to a happy medium which represents the line along which alone can true progress in medical science be effected. As so uncertain a thing as the expectation of human life may be reduced to an unvarying average by the aggregation of a sufficient number of lives, so, by combining the fruits of many individual experiences and modes of thought, a result is reached which approximates much more closely to the correct solution of a given question than can any individual experience or opinion. Individuality must be lost sight of, the personal equation must be eliminated, before a scientific principle can represent absolute truth.

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Herein lies the work of the Medical Society—to bring together the plodder, the listener, the observer, the reader, the writer, the talker, the theorizer, the man of many ideas, the man of one idea, the man, perchance, of no ideas at all, whose mind is a mere machine; to draw out the best efforts of each in his own peculiar phase of thought; to contribute to the development of such attributes as each may feel himself most to lack; to grind down by mental attrition the salient angles and sharp lines which present themselves too prominently; and, having accomplished these results, to so consolidate the harmonious work which is thereby rendered possible, that each may appropriate his share of the common result and become better fitted for his daily duties to suffering humanity. That such results are possible is proven in a measure by the history of this Society, short though that history is. There is no one who has watched, as I have watched, the working of this Society during the past two years, and its effects upon those men who have availed themselves of its benefits, but will bear me out in the assertion that it has accomplished in a greater or less degree each of the good results which I have named. If, then, it be the duty, as it unquestionably is, of every practitioner to seize every opportunity to fit himself more fully to meet the requirements of his profession, and if, as I feel warranted in claim-

ing, the medical society furnishes such advantages to this end as cannot be otherwise obtained, it is obvious that a solemn obligation rests upon every medical man to associate himself with such organizations. And this constitutes what I consider the first duty of medical men to medical societies.

Involved in this duty, and growing out of it, is the obligation resting on every man to aid in the work of the society according to the measure of his ability. In order that each may be benefited all must contribute to the common stock. The experiences and views of one man upon any subject are of little value until they are tempered and modified and moulded by the opinions of other men. Hence, in order to accomplish good work in the society, it is necessary that each should contribute whatever is furnished by his own experience and observation. There is no man whose field is so limited that he cannot extract from it something which will be of value to his fellow-practitioners. It is not necessary to be a Gross, a Spencer Wells, or a Ricord in order to be an observer. The report of a successful ovariotomy is of far less value than the report of a successful method of treating infantile diarrhœa. The most commonplace and every-day diseases furnish abundant field for observation and study. Who, for instance, can explain the true pathology of whooping-cough or tell how to treat it satisfactorily? He who shall accomplish this will do a far greater good to his fellow-beings than he who performs an hundred consecutive laparotomies without a death. The mortality from whooping-cough is infinitely greater than from salpingitis or cystic ovary. The proper field for study lies immediately before us, and we need not go out of our way to seek it. If every member of this Society would lay out some one line of observation and pursue it patiently, thoroughly and conscientiously—collecting, recording and analyzing cases, comparing the results of such observation with the results obtained by other laborers in the same field, then bringing the fruits of such research before this Society and publishing them in its proceedings—if every member would earnestly adopt this plan, in five years the Atlanta Society of Medicine would accomplish an amount of valuable work which would make its name known throughout the length and breadth of the land. When we consider that the whole science of medicine as it exists to-day is made up of the aggregation of such individual research, and that whatever growth and progress that science shall make in the future must be brought about in the same way, it seems to me that our duty, as a part of the medical profession, to aid in the carrying on of this work is an unmistakable one. And this constitutes what I consider the second duty of medical men to medical societies.

Besides the duty which the physician owes to his *clientele* and to the profession, there is also the duty which he owes to his successors. It is not enough that the results of his labors should be given to those with whom he is brought into contact in the medical society. If his work is of any value to his fellow-members, it is of equal value to the profession at large, and should become a part of medical literature to be handed down to future generations. If it possesses any merit it will find its place, and have its weight, in the solution of vexed problems. We cannot determine beforehand the value of our work. A vast machine may lie idle for lack of a single bolt or pinion ; and so a single fact deduced by one of us from our own study and observation, if given to the world, may prove to be the missing part which is alone lacking in the perfection of some great truth.

Perhaps it will be said that we cannot hope to produce anything which will be worthy of perpetuation. This is not the plea of modesty ; it is the plea of indolence. The history of the past contradicts such a statement. J. Marion Sims, an unknown man, practicing in the little city of Montgomery, Ala., became the father of modern gynæcology ; Ephraim McDowell, from the wilds of a frontier State, gave to the world ovariotomy ; Crawford W. Long, an obscure country doctor of Jackson County, Ga., was the first to use ether for the induction of anæsthesia ; Robert Battey, amid the mountains of North Georgia, patiently wrought out and courageously applied the principles underlying the operation which bears his name. Here were four Southern men, far away from the medical centres, far away from the great medical schools and the great hospitals, who effected discoveries each of which forms an era in the history of medicine. Are our opportunities less than theirs ? In the light of such striking examples, is it unreasonable to hope that patient, well-directed labor might produce a Sims, a McDowell, a Long or a Battey from our ranks ? But such results are achieved not by inspiration or by accident, but by patient, unremitting toil. The men whom I have named were close observers and close thinkers, qualities which, in a large measure, come by cultivation. The acquirement of the habits of close observation and correct reasoning is one of the results of society work. The proceedings of medical societies which appear in our journals represent the most advanced thought of the day. The most valuable articles given to the profession are those which have first been read in the medical societies. Such work should not be lost in verbal reports or desultory, off-hand discussion which restrict its benefits to the immediate listeners. It is the boast of our profession that it

is free from all exclusiveness—that what is the property of one is the common property of all. In accordance with this principle it is the duty of every man who establishes a new fact or formulates a new theory, to subject it to the criticism of his fellow-practitioners, and, if it survives this ordeal, to give it to the profession at large that it may find its true place and play its peculiar part in the advancement of medical science. And this constitutes what I consider the third and final duty of medical men to medical societies.

Such, then, are the duties which rest upon us as practitioners of medicine. They are not matters of privilege or of choice, but of solemn obligation. By him who regards the healing of his fellowmen as a lofty and noble profession, these responsibilities cannot be ignored. It is to the earnest and thoughtful consideration of such men that I offer the views presented in this address.

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## REPORT OF A CASE OF DIPHTHERIA WITH RARE COMPLICATIONS.

BY J. A. GREEN, OF GEORGIA.

June 27, 1886, was called to see a little girl, aged twenty months; very small but plump, bright child for her age; had been reared by a wet nurse; health good to date, except a little diarrhœa last Summer while teething. Found the patient with high fever; temperature not taken; pulse 135 per minute; considerable crepitation in both lungs, and breathing 65 per minute; also some cough. The following prescription was made:

℞ Syrup scillæ... } aa.....ʒ ij,
Syrup ipecac... }
Tincture opii et camphor atæ.....gtts xxx,
Syrup simplis, q. s. add.....ʒ ij. M.

Sig. A teaspoonful every two hours until cough is relied.

Also,

℞ Extract aconite rad, fl.....gtts x,
Extract gelseminum, fl.....gtts xx,
Aquæ.....ʒ iij. M.

Sig. A teaspoonful every hour till fever subsides.

A powder of the following was given at bedtime:

℞ Hydgr. cum creta.....gr. v,
Pulv. Doveri.....gr. i. M.

Sig. Take at bedtime.

A poultice, as warm as could be borne, with a little turpentine

sprinkled on one side, put in contact with the skin, was placed all over the chest and allowed to remain until the patient complained of its burning too much, then to be removed and a warm poultice without any turpentine, renewed every two or three hours.

28th, 7 a. m.—No fever; respiration almost natural, and but very little crepitation of lungs. Had a good bilious discharge from bowels at 5 a. m., and two more during the day. Two grains of quiniæ sulph. was given every two hours till 6 grains were taken, commencing at 8 a. m. The child got up and played about the room until late in the afternoon, when fever began to rise. 7 p. m.—Temperature 102½; respiration as on previous night; pulse 140 per minute; tight, croupy cough, and quite restless. Examined throat and found the pharynx inflamed; tonsils very much enlarged, with a white membranous deposit dotted about on their surfaces and also on the base of the tongue nearly all of which came off by mopping out the throat with a soft cotton mop saturated with spirits of turpentine; very little crepitation of lungs, if any. Same prescription was repeated as on the night previous, except to the febrifuge mixture was added 24 gtts. of fluid extract of ipecac; 3 grains of calomel, with 1 grain of Dovers' powder (to procure rest) given at bedtime (9 p. m.), and throat thoroughly mopped, as before stated.

29th, 1 a. m.—Temperature same as when last taken; also the pulse and breathing. For the former fever mixture was substituted varatrum viride in 1-drop doses every hour. 4 a. m.—But little fever; temperature 100½; pulse 98 per minute; breathing 40 per minute; resting quite easy. She was kept under the influence of the veratrum all day. Quinine in increased doses was given, and commenced a little earlier. The throat was mopped again at 8 p. m. by Dr. Mayson, a professional friend, who was called in my absence, the family becoming frightened at the nausea occasioned by the veratrum. Her fever began to rise again at 7 p. m. At 11 p. m. Dr. Mayson was called in consultation. He suggested 1 grain of calomel, a dose to be given with quinine as the day before, which suggestion was accepted, and commenced early next morning. At 12 o'clock she began to get quite hoarse.

30th, 1 a. m.—Five drops of fluid extract of ipecac, with a teaspoonful of the above cough mixture, was given, from which she vomited and expelled a quantity of diphtheritic membrane and viscid mucus; after which, was very much relieved and rested extremely well until 10 a. m., although she had considerable fever. The throat was mopped out again in forenoon. From 1 till 11 p. m. she had no fever; after which time the temperature rose rapidly.

By 12 m. the thermometer registered 104½; pulse could hardly be counted on account of extreme frequency (155 or 160 per minute). With a few drops of veratrum the fever subsided, the little sufferer becoming very sick at the stomach and vomited a good deal of bilieus matter, with more of white membrane and mucus.

July 1st, 7 a. m.—No fever; eruption all gone; rested easy during the night; secretions open, and condition of throat much improved, having but little of the diphtheritic deposits in it; tonsils lessened in size. Quinine, without the calomel, was repeated in doses somewhat less than the day previous. Took nourishment without much persuasion, when, before, it had been difficult to get her to take enough to sustain life.

July 2.—Patient pretty much the same as on yesterday; but little fever. Quinine 2 grains was given morning, noon and night; also nourishment was taken freely and relished.

July 3, afternoon.—Temperature ran up to 102, where it remained all night, notwithstanding veratrum, in 1-drop doses, every hour had been administered. 8 p. m.—An eruption began to make its appearance on the feet, hands and face, also about the joints—very red—the feet and hands almost the color of a boiled lobster—and raised somewhat like measles; not so well marked in the face.

July 4th, 8 a. m.—Very little fever. Two grains of quinine was given every two hours until 10 grains were taken. 10 p. m.—No sign of an eruption anywhere about the patient, but the skin in the palms of the hands and soles of the feet are of a dark, red color. Nourishment every three hours was given during the day and two or three times during the night.

July 5th, 8 a. m.—No fever; throat almost well. Quinine and nourishment taken as on the day before.

July 6.—Patient doing well, except a sore mouth (apthæ), for which the following was prescribed: Pulverized borax, pulverized white sugar, aa ʒ ss. M. S. Put a small quantity in mouth every three hours during the day.

July 7.—Quite an improvement in every respect; calls for nourishment frequently, also for her doll and other playthings.

July 8.—Bowels commenced to run off in forenoon, and had six or seven actions during the day; no fever or any other unfavorable symptoms, except the diarrhœa, for which was prescribed:

℞. Sub-nitrate bismuth.....gr. ix,
Pulverized Doveri.....gr. ij. M.

Divide in six powders.

S. One powder every two hours till bowels are checked.

Also, quinine in 2 grain doses three times a day, with milk punch and essence of chicken as nourishment, in small quantities.

July 9.—Bowels under control; moved twice during the day; apthæ about gone.

July 10.—Patient a little restless, with an eruption very much like flea-bites on the extremities and body, which by 2 p. m. had entirely disappeared, leaving the surface perfectly smooth and normal in color. Bowels moved four times during the day; the two first discharges were normal in character, the others dark green and a little streaked with blood. The powders of bismuth and Dovers were repeated; quinine and nourishment given as before.

July 11.—Was called at 1 a. m. to come as quickly as possible to the little sufferer. The mother said, as I entered the door, "Doctor, she has turned perfectly black all over her stomach!" I found on the breast and abdomen just as the lady had said—perfectly black (by lamp-light)—"purpura"; also a few patches on arms and face; around these patches I noticed the eruption was similar to that of the night previous, which, however, soon assumed a petechial character and quite dark in places, and finally the eruption at every place assumed a dark violet color. The bowels moved eight or ten times by 8 p. m., like the two last of the evening before. Dr. Mayson again saw the case with me. No rise of temperature; pulse frequent and weak; the patient quite restless until after a dose of the following mixture was given and the bismuth powder stopped:

℞ Tannin.....ʒ i,
Sub. nit. bismuth.....ʒ ss,
Act. morphine.....gr. ij,
Vin. Port.....ℨ ij,
Aquæ.....ℨ ij. M.

Sig. Teaspoonful every two hours until bowels are checked, after which to be given after each motion.

As soon as I discovered the purpura I commenced giving 5 drops of the tincture of chlo. Ferri, with a teaspoonful of the saturated aqueous solution of chlo. pot. every four hours; also, a poultice about the same as first used over the entire abdomen. Dr. Word saw the patient with me to-day. At 12 m. temperature normal; pulse not so frequent, and resting apparently better than in the forenoon; bowels moved three or four times from this time till 1 a. m. the following morning; the discharges very dark, almost black, from the medicine; purpura remained the same for that day. Medicine given as prescribed; also stimulants given pretty freely in the forenoon and occasionally in the afternoon.

July 12.—The patient began to grow worse at 4 a. m.; pulse almost imperceptible at times, but came up quickly after administering whisky; temperature normal; bowels moved frequently until 11 a. m., and containing more blood than the day before; in the afternoon the bowels moved three times, with no mucus—only a little bloody water. At Dr. Word's suggestion the day before, 4 drops of the elixir of vitriol was given every four hours, alternated with the iron mixture; imperial granum with sweet milk, every three hours, alternated with chicken essence; also whisky every half hour, a teaspoonful as strong as could be borne by patient. Several new patches appeared about 1 p. m.

July 13.—Patient restless all night; pulse frequent and feeble; temperature normal until about 5 a. m., when hands and feet began to get cold. At 4 a. m. the hands and feet turned very red (scarlet), which passed off in a litt e while, leaving the purpuric condition as on the body. Eight a. m.—No pulsation of the radial arteries; arms cold to armpits, and legs cold above knees; temperature 97; palor of countenance. Hot flannels and sinapism were applied to the extremities, and kept up for an hour, when the temperature was found to be as high as 101; pulse again perceptible and, for the first time during her illness sweated profusely around the neck, face and head. The artificial heat was kept up until death at 1 p. m.

I allowed no chi dren in the room, as soon as I found the throat involved. There were two other children in the house all the time before the patient was taken and after its death; to date have had no symptoms of diphtheria. Antiseptics were freely used about the house from the commencement to the termination of the case.

We have thus described, in detail, a case of diphtheria presenting peculiar and somewhat unusual features. If any professional brother has met with a similar case I hope that the same, with the treatment, will be reported in the RECORD.

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## LIGATION OF THE FEMORAL ARTERY IN A CASE OF FEMORO-POPLITEAL ANEURISM.

BY J. McF. GASTON, M. D., PROFESSOR OF SURGERY.

A Clinical Lecture delivered January 5, 1887, at the Southern Medical College, Atlanta, Georgia.

*Reported for the Southern Medical Record.*

GENTLEMEN: I will occupy a portion of the hour allotted to the clinic to-day with some observations upon the case in which the femoral artery was ligated on the 26th of November, 1886, for the obliteration of a popliteal aneurism, while there was a femoral an-

eurism on the cardiac side of the ligature, which was left for another operation. This patient was referred to me by Dr. S. W. Stiles. After having used mechanical means of pressure over the pubic bone for a month without securing any satisfactory result, I availed myself of the assistance of volunteers from the Class, in details of four to each four hours, to keep up manual compression upon the femoral during three days and nights, and still the pulsation continued in both aneurisms. There had been at one period indications of thickening of the dilated sac in the popliteal space, but upon suspending the means of compression the deposition ceased entirely. Most of the Class had an opportunity of examining both of these tumors by sight, touch and hearing, and will doubtless recognize the conformation, the bounding impulse, and the peculiar whirr of an aneurism as quite distinct from other protuberances. You are all aware that there are spontaneous and traumatic aneurisms, the former depending upon degeneration and dilatation of the arterial coats from various causes.

This man, about thirty years old, has enjoyed good health in his occupation as a shoemaker, until recently, when he first felt some inconvenience in the ankle of the left leg ; then a protuberance was felt beneath the knee, and finally the enlargement appeared some three inches below the pubic bone. It was upon the thigh of this leg that he was accustomed to hammer his leather and peg the shoes, held by a strap passing around the knee and beneath the foot, so that we may perhaps look to this constraint of the limb, and the consequent impediment to the free circulation of blood in the artery, as explanatory of the double anuerism, one being above and the other below the point of constriction from the strap. It was found, however, that this condition was associated with a slight bellows sound of the heart and the extension of the systolic impulse along the aorta without, however, any well defined valvular trouble. This cardiac derangement had become augmented under the worrying ordeal of the protracted compression, so that it was not thought proper to continue it. Under such circumstances, and in accordance with the views of my colleague, Dr. W. D. Bizzell, it was determined to operate without further delay ; and you will recollect that in my remarks previously the reasons were given for not proceeding to a radical operation by ligature above the femoral aneurism : first, that the shutting off the blood supply through the profunda would endanger the proper nourishment of the limb ; secondly, if the ligature was effected below Poupart's ligament the structural integrity of the coats of the vessel in such proximity to the aneurismal dilatation might not be sufficient for

safe ligation, and, thirdly, if the external iliac should be selected for ligation, the neighboring bifurcation of the internal iliac would project the current of blood into the arterial trunk, so as to interfere with the solidification of the clot above the ligature. It was considered likewise that the ligation upon the distal side of the femoral aneurism might lead to its obliteration, as the dilatation was, perhaps, below the departure of the profunda. In view of these facts, I concluded, with the advice of my colleagues, to ligate the femoral below Scarpa's triangle, just where it enters Hunter's canal. By an incision of three inches through the integument, below the sartorious and between the rectus femoris and the adductor magnus, the femoral was reached, and passing a ligature of Czerny silk with the aneurism needle, a knot was tied around it, so as to completely obstruct the flow of blood. There was cessation of pulsation in the popliteal space below, and cutting short the ligature I closed the wound by interrupted suture. Arrest of the flow of blood in the aneurism was verified by several colleagues on the occasion, and there was no subsequent return of the circulation to it. A number of the Class were so kind as to watch the case after recovering from the effects of the A. C. E. anæsthetic, and to apply bottles of warm water to the foot and leg during the night, so that no considerable diminution of temperature occurred in the limb, nor was there any marked constitutional disturbance or vital depression. The general indications by the thermometer were slightly below normal for a few days, and afterwards some elevation of temperature, accompanied by turgescence of the venous circulation and tumefaction of the parts around the aneurismal induration in the popliteal region. A roller bandage, applied from the foot around the leg and thigh, with frictions of spirits of turpentine and camphor, relieved the swelling and contributed to the comfort of the patient. Within a week after the operation it was apparent that pus had formed in the wound and a few of the stitches of Snowden's iron dyed silk were removed from the central point of the incision, and a free discharge occurred for two weeks, but there was no appearance of the ligature with the pus, and the wound is now closed, leaving some induration near it.

After the expiration of a week it was observed that three large serous collections had formed beneath the thickened epidermis of the sole of the foot, and at the end of two weeks another appeared on the outer side of the foot, containing sanguinolent fluid, which resulted doubtless from impaired capillary circulation. The aneurismal tumor became quite solid after the ligation and imparted a sense of resistance upon grasping it, which continued for ten days.

The hardness has been gradually disappearing since, and there is at present but little induration in the mass, which has diminished from the size of a goose egg to that of a hen's egg, without any abnormal sensibility upon being handled.

It is inferred that the vis a tergo of the heart's impulse being removed by occluding the femoral artery, the blood which distended the dilated pouch formed by the relaxed coats of the popliteal artery remained in this sac to undergo coagulation, and subsequently became absorbed or vascularized. The slow, but constant, diminution of the mass indicates that it will be eventually obliterated and that no portion of the blood will flow through this portion of the vessel, but that the circulation has been established through the anastimosing vessels, communicating in part with the ramifications of the internal iliac. For a time the force of the impulse in the femoral aneurism was lessened, but now it has increased with some augmentation of the size of the protuberance, which is very perceptible to the eye. The sound, upon placing the ear in contact with the tumor, is characteristic of an aneurism, having the bruit well defined, corresponding to the entrance of the blood into the sac from the opening of the artery. It is clearly a sacculated aneurism with lateral projections, so that the largest diameter lies transversely to the femoral artery, the trunk of which presents no perceptible enlargement above the upper border of the tumor. When my thumb is placed firmly over the artery upon the pubic bone all pulsation ceases in the sac and there is a perceptible diminution in its size.

Having waited for the collateral circulation to be fully established, and for the restoration of the lost skin upon the bottom of the foot, which was doubtless due to deficient peripheral circulation, the general condition of the patient has also improved, and it is expected that the ligature of the pubic division of the artery may be undertaken soon with a view to the obliteration of the existing femoral aneurism.

The hope of a cure from the distal ligation has not been realized, and though it was supposed that a partial stenosis occurred in the artery from the continuous pressure over the bone for such a length of time, inducing inflammation of its coats, it has not been attended with any diminution of the aneurism. It is supposed that the thickening of the walls of the vessel may favor its occlusion when it is ligated; so that a good result is anticipated from the operation near the pubic bone now, though it was not thought advisable previously.

NOTE.—This record is made when going to press (January 25, 1887). There have been indications of cardiac and aortic trouble, with nervous disturbance, amounting, at times, to mental perturbation, which lead to the inference that the arch of the aorta may be implicated. The bellows sound has assumed more of a whizzing character, audible in all parts of the thorax, and evidently extending along the course of the artery. There is not, however, any marked impulse against the thoracic wall, such as would result from any considerable aneurismal dilatation. The femoral aneurism has increased notably since the report of the Clinic, and its pressure upon the adjacent nerves is causing pains about the hip and surrounding parts, with aggravation of the suffering when pressure is made over the pubic bone for temporary interruption of the flow of blood. Manipulation of the aneurismal dilatation, when the circulation is cut off, indicates thickening of the walls and is painful. Notwithstanding the unfavorable surroundings, ligation seems to be the choice of evils at present, for relief to the sufferings from the femoral aneurism.

## THE ENGLISH SYSTEM OF DIET FOR NERVOUS EXHAUSTION.

Americans, during the ten minutes they allow themselves for breakfast and lunch, and the twenty minutes for dinner, eat, as a rule, "the best of everything."

This rule, doubtless a very good one to live by when in robust health, fails them in time of sickness. When one feels ill he will be reminded of a very old proverb, which with a slight modification may read: "The well man's meat is the sick man's poison."

In nearly every case that comes into the physician's hands there is required a change of diet. The chances are that the origin of the trouble is to be sought in the living and in the occupation. Then a change of occupation and a change of diet are recommended along with the proper medication.

If the living of the patient has been too concentrated and he is suffering from plethora, biliousness and threatened gout, he may be put upon the Vegetarian regime. So, when there is obstinate constipation, sometimes a return to first principles in the shape of coarse bread and fruit may be beneficial.

Again, when the body is wasted by fever or in phthisis and the digestive organs are weak, there is a return to nature by another path—the Milk diet and soluble food. One begins life over again. We become as little children.

For diabetes and for the reduction of corpulence the diet of the patient is restricted to meat and salads, or if the case indicate insufficient aliment and poor blood, the rare beef steaks and the juicy mutton-chops seem equal to the gifts of the gods. When the digestion is feeble, peptones and peptonoids take their place.

There is at present in America, and, indeed, all over the World, a large class of people who are ailing and who neither the vegetarian diet, nor the milk diet, nor the beef diet can cure. Neither are they made happy by the well man's diet, "good living," "the best of everything." These are the brain-workers, the nervous, neurasthenics—all, in fact, who are suffering from exhausted nerves. For a number of years past, from the whole medical profession, the question has gone up: "What is the best brain and nerve food?" The answer has come, at last, from England, and appears in Chapter XXVIII of a new "Manual of Dietetics," entitled "Food in Neurosal Affections." The chapter is short, and the substance of it may be brought down still shorter and comes to this: Stop eating lean meat, and live on fish and bread and butter. "Experience," the author says, "has taught us the fact, even before physiological chemistry could tell us why, that fat and fish are the foods which are especially indicated. A phosphoric fat has to be supplied to the nervous system."

It is an old fallacy, of course, that the living exclusively on fish is conducive to intellectuality; else, say those who vanquish Berkeley with a grin, the South Sea Islanders and the fishermen of our coasts would be philosophers. But although fish-eating cannot make philosphers either of seals or fishermen, it does not follow that this phosphorescent meat is not useful to recuperate exhausted nerve.

The main feature, however, is not the fish but the fat. Lecithin, that conspicuous component of brain and nerve—a substance unknown to the vegetable world—is fat. Butter, cream, and cod-liver oil, and milk, fat bacon, and the yolk of eggs should constitute the chief factor in the combination diet. Fish furnishes the phosphorous and it also furnishes sufficient nitrogen for support.

"When we consider," he says further, "that the pabulum of the nervous system is a phosphorised fat we can comprehend why the plan of treating cases of cerebral exhaustion by liberal quantities of lean meat has furned out a failure. Albuminoids do not supply the required material for the intended purpose, while in their metabolism they furnish matters which may be called hepatic mal-products or liver stuffs which possess very irritating and toxic properties as regards the brain, consequently a highly nitrogenised dietary is not only without advantages but actually posseses positive drawbacks. The brain is not fed thereby but, in its week condition, is annoyed and vexed by these liver stuffs."

An American patient is cited who lost his bilious headache by striking out of his diet the flesh of all animals except fish. "He lives on a milk and farinaceous dietary with butter plus the fish."

Thus this nervous American keeps perpetual Lent and thrives, while any momentary backsliding toward the flesh-pots brings its own punishment. The Catholics are right, and Lenten fare has its uses. Let us not wait for Lent, but try it at once—on our patients.

In the meantime, however, we cannot forget the physicians main reliance, thus far, in nearly all cases of weakness from whatever cause has been upon the albumenoids.—*Jour. of Reconstructives.*

# GASTROTOMY FOR THE REMOVAL OF A SWALLOWED KNIFE. RECOVERY OF THE PATIENT. WITH ILLUSTRATION.

BY AUGUSTUS C. BERNAYS,

A. M., M. D., Heidelberg; M. R. S., England; F. R. M. S., London; Member German Society Surgeons of Berlin; Professor of Anatomy St. Louis College Physicians and Surgeons.

In compliance with your request I submit the following report of a most remarkable case for the benefit of your many thousands of subscribers.

Joseph Hoffmann, a German tailor, aged thirty-eight, was amusing his wife and children with various tricks and funny performances, at his home No. 1207 S. Broadway, on the evening of November 17, 1886. They were sitting around a table and, being somewhat exhilerated, Hoffmann intended to close his entertainment by his *chef d' œuvre*, of sword swallowing, in which performance he is an expert. He had frequently pushed pokers, canes and handles of ladles down his gullet before, but on this evening he chose an ordinary case-knife. He intended to make the knife disappear in his throat and then pull it out with his fingers, after the spectators had sufficiently admired his skill and daring. The first act of this programme succeeded admirably, the artist pushed the knife down into his œsophagus, handle foremost, his chin being raised and head thrown back, so that the canal into which the knife was pushed formed a straight line. Suddenly, while in this position, the knife escaped the control of the performer. Amid the agonizing screams of the family and of the victim, the knife was carried down into the stomach by the contractions of the pharyngeal and œsophageal muscles. It was swallowed exactly in the same way as any other substance which is introduced into the fauces. The screams in Hoffmann's dwelling attracted the neighbors and the policeman on the beat. The latter telegraphed for an ambulance intending to remove Hoff-

mann to the City Hospital, whilst others summoned medical aid. The first medical man to arrive was the family physician, Dr. Hugo Kinner, one of the busiest practitioners of the south-side. After he had assured himself of the condition of his patient he quieted him and stepping to the nearest telephone sent for me. Dr. Kinner and I were soon in earnest consultation by means of the electric current, and it was settled that I should drive down to Hoffman's residence, see him at once and come prepared to operate. The well known occulist, Dr. Chas. Barck, and Dr. Eugene Hauck, accompanied me to the scene of the accident.

When we arrived at the house, Hoffmann was having a violent spell of vomiting, and presented the appearance of a person frightened almost out of his wits. The patient had evidently made up his mind that he must die and he did not grasp the probability of being saved by an operation as readily as I expected. He refused, saying: "Oh, let me die! don't make me suffer unnecessary pain, you can't help me anyhow." At that moment he had another severe spell of vomiting, but the spasms did not relieve his stomach of any its contents, and it seemed to me that he suffered great pain. A change seemed to have come over his thoughts and with an expression of hope on his countenance, he mounted an improvised operating table. Dr. Barck administered chloroform and a hypodermic injection of morphia was made. While the patient was being narcotized, Drs. Kinner, Hauck and I quickly prepared the necessary instruments, sponges, etc. The patient passed into a remarkably quiet anæsthesia, which was not interrupted by a single spell of vomiting during the entire operation. I began the first incision about an inch below the ensiform process and cut straight down on the linea alba to within about an inch from the umbilicus. This was cut about five inches in length and was quickly carried through into the abdomen. The second step of the operation consisted in pulling the stomach out of the abdominal incision. The stomach contained some beer and the remnants of a light supper, besides the knife. I introduced my whole left hand into the abdomen and soon succeeded in pulling out the pyloric end of the stomach which contained the handle of the knife. The dotted line shows the position of the knife. The end of the blade was located in the fundus of the stomach, near the angle of the ninth rib, a little to the left of the vertebral column.

The third step of the operation consisted in opening the stomach and extracting the knife. I had Dr. Kinner and Dr. Hauck to grasp the anterior wall of the stomach with two "army" bullet forceps, about an inch apart on eitheir side of the handle of the table knife, and pull up the stomach so that none of the contents could escape after I had opened it. I then cut through the walls of the stomach upon the handle of the knife within, making a straight cut between the two forceps not exceeding five-eighths of an inch in length. I then pushed the stomach back over the knife handle about half an inch, and grasping it with my fingers, easily extracted it without a drop of the gastric contents escaping. Thus far the operation had consumed scarcely five minutes.

The most difficult and tedious part of the operation was the suture of the small cut in the stomach. The success of the operation, my patient's life, depended upon this procedure, and I performed it with the utmost care after the following method: I first united the edges of the cut by five interrupted sutures; four of these sutures embraced the peritoneal and muscular layer. I allowed only the middle one to pass through the mucous membrane of the stomach. They were less than one-eighth of an inch apart, and were made with the finest kind of cat-gut. The ends of the sutures were cut close. I next introduced eight ordinary Lembert sutures over and between the five sutures. These, when tied, completely buried out of sight the direct sutures. These latter were made with the thinnest kind of twisted Chinese silk, and their ends were also cut off close. It will be seen that the sutures which were employed by me are very similar to the ones used by Billroth, of Vienna, in his operations on the stomach.

I now replaced the stomach in the abdomen. There was little or no bleeding, and the toilet of the abdominal cavity was very simple. The operation was finished by sewing up the external wound in the usual way. I applied about eighteen silk sutures and dressed the wound in the same manner that am I accustomed to, after ovariotomy. The dressings were held in place by an elastic web bandage. The patient was carried to his bed. He rallied quickly after having been under the influence of chloroform about an hour. The knife had been in his stomach less than an hour, before the operation.

The after-treatment was conducted by Dr. Kinner in a most judicious but strict manner, and was followed by a most brilliant result. The patient never vomited at all after the operation; his temperature reached 100° F. only on one occasion, for a short time, and his pulse never exceeded 86°. He was given a spoonful of water about every two or three hours during the first four days, but large nutrient enemata of peptonized milk, beef tea, etc. were given three times a day. The entire wound healed by first intention. I removed the stitches on the fifth day. The patient *got up on the tenth day* and was discharged from medical attendance on the fourteenth day. The photograph, from which this plate is copied, was taken on December 6, nineteen days after the operation. The patient is as well in every respect as he was previous to the accident.

The distinguishing feature of this case is: Firstly, the prompt manner in which the operation was performed, the knife having remained in the stomach only about one hour. Secondly, the knife which I removed seems to have been the longest object, which has been successfully removed from the stomach by gastrotomy—nine and a half inches. Thirdly, there are some minor peculiarities in regard to the method of suture and the employment of antiseptics, which differ from former cases.—*Medical Brief.*

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"**My pa,**" said one small boy, is a preacher, and is sure to go to heaven." "Huh!" said the other small boy, "that ain't nothin'. My pa is a doctor, and can kill your old pa."

# ABSTRACTS AND GLEANINGS.

**Letter from Germany.**—Dr. Littig, correspondent *Iowa State Medical Reporter*, writes from Berlin, October 27, 1886: "*Dear Reporter*—Thinking that a few words regarding the methods of Prof. Bergmann, of the Berlin University, might be of interest to you, I write you a short letter.

"Over fifteen thousand cases are treated each year at the Royal Clinic and Policlinic, and from this superabundant material, cases are selected for operation before students. During the semester the professor operates two hours daily. In the management of this hospital, there is but one mind—one man whose wishes are consulted—viz.: Bergmann. There is no board to stand between him and the relization of his ideas of a perfect hospital. Skilled assistants of his own choosing aid him in the operating room, while nurses of his own training are in constant attendance in the wards. But it is of the operating room that I wish to speak. To produce anæsthesia, chloroform only is used; a single thickness of flannel cloth stretched over a wire frame is the inhalation apparatus, and upon this cloth, placed over the patient's mouth, the anæsthetic is dropped—not poured. Take a three-ounce vial, fit the stopper with two glass or metal tubes, one reaching to the bottom for the admission of air, the other just through the stopper to permit escape of fluid, as precisely as in a druggist's wash bottle. The finger over the external opening of the air-admitting tube permits the chloroform to escape in a very minute stream, or drop by drop, as willed by the anæsthetizer. It may not be amiss to state that Professor Schrœder and Bardeleben also uses chloroform administered in the same way. As soon as the patient is partially under the influence of the anæsthetic, a very important part of the operation begins. An assistant washes the part to be operated on, scrubs it with soap and brush, sparing neither soap nor friction. Next, the copious lather thus produced is washed off with a one-to-one-thousand solution of bichloride of mercury. The parts around the seat of the operation are covered with one or more towels, lightly wrung out of the same solution, and should the operator not be ready, several folds of gauze, also dipped in bichloride solution, are spread over the part to be operated on. The operator, as all assistants, has thoroughly washed and disinfected his hands, and all are clothed in white, newly washed, fully disinfected operating gowns, which reach to the ankles. The instruments, all with metal handles, are lying in a three-to-one-hundred solution of carbolic acid.

"To control hemorrhage, Esmarch's rubber bandage is not used; it is exceedingly unclean from an antiseptic standpoint, and so bruises the tissues that subsequent capillary oozing is far more profuse with than without its use. Instead, the arm or leg is raised for an instant, stroked in that direction of the body to encourage the return of venous blood, and a piece of rubber tubing is passed one or more times around the limb, near its junction with the body.

With this precaution there is absolutely no loss of blood—no bleeding until the rubber is loosened. Should the operation be one in which the '*vis. a tergo*' cannot be controlled, as the excission of the mamma, assistants at once catch up every bleeding point with an ordinary slide-catch torsion forceps. As many as twenty of these instruments may be bristling from a wound before they stop to ligate with cat-gut. Every point that has bled is tied—*i. e.* they don't remove a forcep to see if bleeding still continues, but at once ligate everything, differing in this respect from the practice at Guy's, London, where they make it a rule not to ligate even the femoral, torsion taking the place of the ligature in all cases. In some operations they may stop several times to ligate, when the forceps grow too numerous. The spray is not used. From time to time during a long operation the wound is rinsed out with a solution of bichloride, and always before closing. Carbolic acid does not come in contact with the wound, except when the saw is used, when a gentle stream of a three-to-one-hundred solution is thrown, by means of a fountain syringe, against the teeth of the saw, thus securing a double end disinfection and the saw runs more easily.

"All incised wounds are closed at once, unless so situated that pocketing is imminent, when a drainage tube is introduced. Some wounds, as a psoas abscess, are packed for three days with iodoform gauze, when the gauze is removed, a drainage tube is introduced and the wound closed. The same practice is pursued in an exsection of the ankle joint. Iodoform gauze is prepared by saturating strips of gauze with the following solution, and subsequently drying:

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|---|---|
| Iodoform | 1 part |
| Ether | 2 parts, |
| Alcohol | 4 parts. |

Where it is desirable to pack a wound, gauze prepared in this way is certainly a most excellent dressing. When a wound has been closed by means of sutures or over the iodoform gauze packing, the dressing is as follows: First, antiseptic gauze, not applied in so many layers, but it is cut in squares as large as a lady's handkerchief, and being crumpled, is merely piled over and about the wound. Next comes antiseptic absorbent cotton. This is cut in strips about four inches wide, and applied not only over the wound, but for some distance above and below, and around the entire body. For instance, in the incision of the knee, this cotton is applied from the toes to the umbilicus. Over the cotton an ordinary roller bandage, and over all the starch bandage. This starch badage is purchased in supply stores, and before use is soaked in water as is our plaster bandage, and applied wet. It is light, holds all under-dressings firmly in place and secures a certain amount of immobility. Of course, where absolute fixation is demanded, as in knee excision, this starch bandage is replaced by one of plaster Paris.

"The above dressing is certainly almost perfect. The gauze and cotton are prepared by soaking in the following solution, and subsequently drying:

| | |
|---|---|
| Bi-chloride (of a ten per cent. solution)..... | 7 parts, |
| Alcohol..... | 1000 parts, |
| Water..... | 1000 parts, |
| Glycerine..... | 400 parts. |

"Bergmann operates carefully, fearlessly, in the full sense of the word. During a long period of visits at his clinic, one sees many excisions, but few amputations. In knee-joint he saws through and retains the patella.

"By way of closing, it may be interesting to note that a patient died from the effect of chloroform last semester, at Bardeleben's clinic. The autopsy revealed a fatty heart, and perhaps the fault was not so much that of the anæsthetic as the anæsthetizer, who should know the danger.

"Once I saw very dangerous symptoms at Bergmann's clinic. Artificial respiration for five minutes and all was well."

**Hot Bath.**—Sometime ago an opportunity was afforded me of making some observations on the effect of the hot bath in removing some morbid conditions of the system. A man of middle life, in temperament nervous-sanguine, spare, and somewhat below the average height and weight, complained of languor, debility, want of energy, and lowness of spirits. On examination it was found that his heart and arteries were sound, though his circulation was rather weak. His alimentary system was fairly good, though the quantity of food taken was below the average. His skin was somewhat dry, and a few spots of psoriasis were found on the extensor aspect of the legs, arms, and trunk. His urine was cloudy with phosphates, and below the average in quantity. As the Turkish bath was not in this case available, he was advised to take a water bath at a temperature of 105° F., and directions were given him how to proceed in case of faintness. The day after taking the bath his condition was wonderfully improved. His circulation was stronger, his urine was clear, and he now felt cheerful and well. This improved state of matters continued for about twelve days, when all the unpleasant symptoms reappeared, and he began to feel as ill and dejected as ever. The most natural proceeding was, of course, to order another bath, and this he took with the same happy results as before. Since that time he has had a hot bath about once a fortnight, and by this means has managed to keep himself in very tolerable health and spirits.

It would be interesting to know the exact means by which the hot bath produces this powerful and beneficial effect on the system. It must in the first place, be carefully borne in mind that the warm bath at a temperature below 100° F. has no influence that that can be compared with the results to be obtained from the hot bath. The hot bath stimulates the whole system, and the effect of this stimulation appears to last sometime, for the patient above referred to remained well for about a fortnight after taking the bath. Having ascertained that his diet was as nearly uniform as possible, the quantity of urea excreted on three successive days immediately before and after the bath was estimated by Russell and West's method, with the following results:

| | |
|---|---|
| Average quantity of urine in twenty-four hours for three days *before* the bath.. | 916.67 cc. |
| Average weight of urea in twenty-four hours for three days *before* the bath... | 22.8 grms. |
| Average quantity of urine in twenty-four hours for three days *after* the bath.... | 1040 cc. |
| Average weight of urea in twenty-four hours for three days *after* the bath.... | 26 25. |

As in most other remedies, so in the case of the hot bath, the time and manner of application are of some importance. Like all other baths, the hot bath should be taken before the principal meal of the day, and if this meal be taken early the good results will be more certain than if it be taken late. The duration of the bath should be about fifteen minutes, and the temperature should be about 105° F. If faintness should come on while in the bath, the whole head should be immersed in the hot water, and kept there for a few seconds, when the faintness will disappear. The usual directions given in public baths are to get out of the bath as soon as drowsiness or faintness begins, and ring for the attendant; but anyone who attempts to do this will most certainly aggravate his danger. As pointed out sometime ago by Mr. Benham and subsequently by myself, the application of heat to the head is a potent means of averting syncope. From time to time we hear of deaths in the warm bath; and I am convinced that many of these might have been prevented by the adoption of the simple method referred to, instead of the deadly and often impossible means commonly recommended.—*Dr. W. J. Notely, in London Lancet.*

**Solanine—A Substitute for Morphine.**—The many disadvantages of opium and its alkaloids are too well known to require mention, and while they are not sufficient to counterbalance the good effects of these drugs, they are of enough importance to make equally efficacious and more innocuous substitute a desideratum. According to Dr. Geneuil (*Bulletin General de Theraputique*, September 30, 1866), we have such a substitute in solanine, which is not a newly discovered remedy, but rather one which has fallen, the author thinks, into unmerited disuse.

Solanine was discovered by Defosses in 1821, in the berries of the nightshade (*Solanum nigrum*), and has since been found by others in the stems, and leaves, and berries of the bitter-sweet (*S. dulcamara*), and other varieties of solanaceæ. It is now prepared from potatoes, by boiling the young shoots in water slightly acidulated with sulphuric acid, and adding ammonia to the warm decoction. It can also be obtained from the parings of very young or very old potatoes. The alkaloid crystallizes in fine silky needles, insoluble in water, and but slightly soluble in ether, oils, and cold alcohol, but dissolving more readily in hot alcohol. It has an acrid taste, and imparts a burning sensation when placed in contact with the mucous membrane of the mouth.

The author has tried solanine in a number of cases of neuralgia,

rheumatism, obstinate vomiting, spasmodic nervous affections, asthma, and bronchitis, and from the results obtained is led to believe that the remedy will prove to be of the greatest value in the treatment of these and similar affections. The following are the conclusions of his paper:

1. Solanine is a poison to the terminal motor plates. It narcotizes the medulla and spinal cord, causing a paralysis of the terminal sensory, and motor nerves. By reason of this action solanine is to be classed among the best of the analgesics.

2. The drug may be prescribed in large doses without danger, and presents none of the inconveniencies of morphine or atropine. There is no danger of a cumulative action.

3. Solanine does not cause congestion of the brain, even in the aged, and, probably, a like freedom from this danger exists in the case of children.

4. In all cases where it is necessary to calm excitement, relieve pain, or overcome spasm, solanine promises excellent results. It may be given with advantage in the place of morphine for the relief of any of these conditions.

If the author's exalted opinion of this remedy is borne out by further experience, it will indeed prove to be one of the most valuable of recent additions to the materia medica. But medicine is an uncertain science, and others may not meet with such wonderful success as Dr. Geneuil himself has.—*London Lancet.*

**Fracturcd Femur.**—Dr. A. C. Graham (*Texas Courier-Medicine*) thus describes the application of Paris bandage in fractured femur:

"The patient is placed upon the table, the sacrum resting on the tripod, the upper part of the body raised to a corresponding level; the feet bandaged to the foot pieces, and the double perineal band adjusted. Ether is now given, and extension used till both lower limbs are the same length. The cotton batting having been cut to fit the limb and body as high as the umbilicus, or higher is recommended by Prof. Cowling, by cotton thread. The badages, soaked well in water, are run from the ankle up to the leg, spirally or figure eight fashion, three or more successive layers—a paste of freshly mixed plaster being rubbed smoothly by the assistant over each bandage so as to assure additional strength to amalgamate the whole. As soon as the perineum is reached, protect the plaster by the oil silk, and then proceed with the spica, carrying it six inches above the crest of the ilium. The plaster will harden sufficiently in half an hour for the extension to be removed and the patient placed in bed.

"A few points call for additional mention. The plaster-bandage contracts as it dries, so that great care must be used not to apply it so tightly as to constrict the limb, or interfere too much with the limb, or interfere too much with the blood supply, as Brodie has shown that this retards union.

"The ankle and perineum must be protected by a double thickness of cotton batting. Guard against eversion of the leg; it were better that the foot be turned a little in, pigeon-toe fashion. The

bowing outward, when the fracture is above the middle, must be contracted by forcible pressure against the splint in an opposite direction as the plaster is setting. As the spica is being applied, the plaster casing must be moulded by pressure, to all the inequalities of the hip, pelvis and lower abdomen, in this way securing a perfect cast.

"For a few days it is necessary to see the patient often—to note the circulation of the blood in the toes—to obviate any undue pressure and to make the patient as comfortable as possible. 'Eternal vigilence is here the price of success.'

In two weeks the plaster-case will be so loose that it will be necessary to remove it and put on another. No attempt should be made to narrow and tighten the old one.

"I have purposely avoided quoting statistics that have been brought forward to prove the superior efficacy of any one of these appliances in the prevention of shortening. They only show that good results have been obtained with all of them. An accurate estimate of the degree of shortening can seldom be arrived at for two reasons:

"1. It is now well known that there is normally a difference in the length of the lower extremities, this difference sometimes amounting to as much as three-fourths of an inch.

"2. The degree of shortening obtained when the apparatus is removed, is increased somewhat when the patient begins to walk

"I claim, however, for the plaster of Paris bandage, superiority in the following particulars and that for these we are justified in expecting better results in practice:

"1. It is the rational treatment, in that after the fracture is adjusted, perfect fixation of the fragments is obtained.

"2. It exerts a gentle, even compression of the whole thigh, thus moulding, as it were, the parts into their normal position.

"3. The hip-joint is completely immobilized.

"4. Angular deformity, or bowing outward, when the fracture is in the upper half, is prevented by compression of those muscles that abduct and rotate the thigh outward; also by forcible inward pressure on the splint, at the angle, as the plaster sets.

"5. We have perfect control of lower fragment and leg, and rotary displacement, or eversion, cannot take place.

**Suprapubic Cystotomy.**—From the proceedings in the section of surgery of the British Medical Association, we learn that Sir Henry Thompson throws the full weight of his valuable opinion in favor of suprapubic, as against the other methods of cystotomy.

For the severe and exceptional conditions he considers the suprapubic operation an available and trustworthy resource.

Its superiority over the lateral mode is thus formulated:

1. Because in the suprapubic operation there are no important structures lying in the line of incision, or sufficiently near to be rendered liable to injury either by the knife or by the forceps.

2. Because the space for removing a large stone above the pubes is practically unlimited.

3. Because there is little or no danger from hemorrhage; if it does occur, it can readily be dealt with.

4. Because the incisions are certainly more easy to perform than those of lateral lithotomy; while the removal of a large stone, always the most difficult and dangerous part of the operation, is safe and easy by the suprapubic route.

5. Because, during the after-treatment, the urine leaves the suprapubic wound more directly and safely than it does by the long lacerated opening which forms the communication between the bladder and the perineal surface after the lateral operation for a large stone.

6. Because antiseptic dressing can be employed in the former operation and cannot be made available in the latter.

7. Because, in the suprapubic operation it is impossible to cut into the rectum, to inflict injury on the sexual organs, or to make an urethro-rectal or perineal fistula, any or all of which are liable to follow the lateral operation in a patient with a large stone.

The objections raised against the suprapubic method — the danger of opening the peritoneum and the risk of extravasation of urine around the base of the bladder—he does not regard as valid. The risk of extravasation, he says, is small, because it can only happen as the result of unnecessary and unwarrantable inteference with the tissues outside the bladder. As for the danger of lacerating the peritoneum, the experience of the modern operation demonstrates this danger as now virtually non-existent.

The writer then describes the technique of the operation at length, and adds tables of experience with the various methods. — *Weekly Medical Review.*

**Digestion of Infants.**—We hold that there is a presumption that an infant who passes regularly from four to six stools daily is passing a great deal of undigested food, and that so far the alimentation is imperfect. The wholesome fæces of a healthy breast-fed infant are of a bright gamboge-yellow, they are not unduly offensive, and they present very scanty traces of undigested casein. Now, in the majority of infants brought up on cow's milk, even diluted to the starvation point, the stools are distinctly offensive, and are largely made up of masses of white casein. When this occurs, to find fault with the liver and do nothing more than prescribe the inevitable grey powder appears to us the most absolute empiricism, and the antiseptic cleansing of feeding bottles and the banishment of tubes, excellent as these measures undoubtedly are, will not solve the difficulty in question.

How can the casein be dealt with? There are several methods open to us. First, it may be predigested wholly or in part. The simplest and readiest way of accomplishing this has, in our experience, been brought about by the use of one of the preparations suggested by Sir William Roberts, which, made with fresh milk, is practically a partly digested milk gruel. But is doubtful whether this method, invaluable as we believe it to be in selected cases, ought to be tried as the first routine step in dealing with the difficulty in question.

Sir William Roberts, in his lectures at the College of Physicians, referred to an observation of his own made whilst feeding a healthy kitten exclusively on predigested food. Without obvious or marked departure rom health, the kitten, nevertheless, in respect to body weight, fell behind another kitten fed on milk. It was suggested that some atrophy of unemployed glands might be responsible indirectly for this failure in nutrition. Now, in our problem, if we can get the infantile alimentary tract to digest for itself the casein masses, more will be gained than if the casein be predigested.

A simple, time-honored method, which we think ought always to be tried, is the dilution of the milk in varying proportions with barley-water, which, perhaps, in a mechanical way, facilitates the separation of the curd into more manageable masses. If this is found unsatisfactory, a very little malted food ought, we think, to be added to each bottle. That the whole character of the stools in respect to undigested casein may become altered after the adoption of this simple expedient we have satisfied ourselves again and again, as well as of the diminution in the actual number of the evacuations. But our pysiological friends protest that this is using farinaceous food, that the infant's pancreas and salivary glands are rudimentary, and that its economy is unequal to the conversion of starch To this objection there are several answers to be made. First, physiologically, it is by no means proved that the sole agents in the conversion of starch are the pancreas and the salivary glands, and experiments to prove the absolute incapacity of the infantile alimentary tract to convert a small amount of starch are not forthcoming. Again, in a good malted food a great part of the starch has been already converted and rendered soluble. But let it be granted that even after boiling there is a small amount of unaltered starch; if the net result is that the fæces of the child are more wholesome and less frequent, that it does not suffer from vomiting, acidity, and flatu ence, and that it is gaining weight, what evidence is there that the small amount of starch has done harm?

The employment of the term "farinaceous" has, indeed, brought us more less under bondage in our directions as to infant feeding. To repeated meals of arrowroot, corn flour, baked flour, and the like, even when made with mi k, and the term is applicable, and we are second to none in our condemnation of such methods of feeding infants; but a broad distinction ought to be drawn between them and the use of a very small quantity of malted soluble food added to milk. If even the malted foods be used in large relative proportion in early infancy, to the exclusion or great diminution of the quantity of fresh milk we believe that serious risk is incurred in the direction of scurvy; and this is the more insidious beca se, with regard to the two tests which we have mentioned, the body weight may certainly increase, and the stools may be less offensive and less frequent than under a milk regimen. The proper use of the malted foods is that they should be employed in small quantity—not in any sense as a substitute for fresh milk, but as an aid to the digestion of the casein

We have said nothing about the humanized milk and the cream-and-whey methods. Useful as these plans have unquestionably proved hitherto, they have been methods for the rich and not for the poor, and their discussion may be for the present deferred.—*London Lancet.*

**Quinine in Whooping Cough.**—Dr. Kohlonetz conceived, recently, the idea of injecting the remedy in solution with considerable force far back into the mouth against the walls of the pharynx. (*Deutsch. Med. Zeit.*) In this manner he believes that some of it gets into the larynx and that the large quantity of it comes into intimate contact with the epiglottis. a fact he considers of the utmost importance. He employs the following formula:

℞. Quiniæ sulphatis.....grs. xxxij,
Acid. sulphur.....*m.* xxxij,
Aq. destillat.....ad. f. ℥ vj.
M.

During the first three days he injects a common glass syrngeful of this solution every two hours into the open mouth, the tongue being depressed by the mother with the aid of a spoon. The next four days these injections are made every three hours, and after that *ad libitum.* This dose is used in children from three to four years. In younger children the method and the execution are the same, the only difference being that the syringe is not filled quite so full.

The result has been remarkably good. As a rule, the whoop greatly diminished by the third day, and in almost all cases ceased totally by the end of the first week. Whenever the result was not so satisfactory, K. convinced himself that the treatment had not been carried out strictly according to directions, and he requests physicians to give the method a fair trial. As it can easily be executed, we advise our readers to do the same. Some children suffer so intensely from this disease that anything promising relief may well be worth a trial.—*Medical and Surgical Reporter.*

**Hemorrhoids.**—Mr. Banks, Liverpool: A patient of mine discovered for himself that the proper time to apply cold water to his hemorrhoids was when they were down, and not when he had drawn them up. So as soon as the bowel was evacuated he remained perfectly still, emptied the pan of the water-closet, and keeping the rush of water on with his right hand he threw it up with his left on to the everted mucous membrane. By this means he thoroughly cleansed his piles, and by the direct application of the cold water to them ensured contraction of their blood vessels and their complete retraction. Carefully drying the parts with a soft towel (and not using paper), he then washed his hands and was comfortable for the rest of the day.

This mystery I have communicated to a great many patients who have derived much comfort from it. Doubtless there is a certain want of dignity about the proceedings which renders its description a difficult matter to put in a text book, but that does

not prevent its being a very valuable treatment, and one which makes all the difference between the useful and the useless employment of an excellent remedy.

If a man of middle age who is beginning to be bothered with hemorrhoids will be moderate in his stimulants, will use an enema of tepid water frequently, will apply cold water after his motion in the way I have described, and will then employ a little hamamelis ointment, he will almost infallibly save himself from getting so bad as to require operation.—*Epitome.*

**On Vaginal Extirpation of the Uterus.**—Dr. Brennecke, in the *Zeitschrift gur Geburtshulfe und Gynakologie*, states that he has removed the entire uterus through the vagina for cancer eighteen times, without a single death. His first principle is to make the parts as accessible to the surgeon's hand as possible throughout the operation. For this purpose, he has devised a special uterine clamp forceps, which takes up little room and grasps the tender and friable uterine tissues firmly yet safely. He takes special precaution against hemorrhage. He carefully cuts through the upper reflexion of the vagina, in front and behind, with a short bladed knife, Kuchenmeisters, and separates the cervix from the loose surrounding tissue. Then he isolates the denser tissue on the sides of the cervix, bearing the uterine artery and its branches. The operator then grasps the uterine appendages. Each appendage is ligatured by means of a strong S-shaped needle, resembling that devised by Olthauser, which introduces the thread with comparative facility. The uterus is then strongly retroflexed, and pressed closely against the posterior wall of the vagina; by this manipulation the vesico-uterine fold of peritoneum is most readily separated without injury to the bladder. An elastic ligature is then applied to the broad ligaments, and they are cut through. Dr. Brennecke neither drains Douglas's pouch, nor applies any sutures to its divided serous surfaces. An iodoform-glycerine plug sufficiently protects the escaping discharge from septic changes. After six or seven days the plug is removed, and the vagina is simply irrigated. Dr. Brennecke prefers total extirpation to amputation of the cervix, and even advocates vaginal extirpation for other incurable uterine diseases, in preference to abdominal section or oophorectomy. His monograph is of great importance, and his method of operating can only be thoroughly understood by a perusal of the same.

**New Method of Employing Electricity in Neuralgia.**—Dr. Adamkiewicz describes in the Polish journal *Prezlad lekarski* an exceedingly effective way of applying electricity for the relief of neuralgia of various kinds. The apparatus he uses is a constant current battery, the cathode being a concave metal plate lined with electrical carbon, which is saturated with chloroform. This is then applied over the painful spot, and a current, weak at first but gradually increasing in strength, passed. One or two applications of this kind were found, says the author, sufficient entirely to relieve the severest cases.—*Medical Reporter.*

**Burns.**—It is said the ideal dressing for a burn is the one that is thoroughly protective, hence comfortable, and one that can remain longest, viz., antiseptic. I think in the present state of our knowledge bismuth and absorbent cotton is the nearest approach to such a dressing.

*Mode of Application.*—The parts should be perfectly cleansed with carbolized water or listerine. I usually puncture any large vesications in second degree burns. Then if the burn be of small superficial extent powder it over with bismuth, over this a good thick layer of absorbent cotton, and over all a bandage. If the injury covers considerable extent, so as to render the too free use of bismuth dangerous, make a solution in water of the bismuth and paint it over the part. This last permits of uniform distribution of a minimum quantity. I have used this dressing in several cases of burn, and in one extensive scald of the leg, second and third degree, and so far have not witnessed any evidence of bismuth poisoning.

The results have been very satisfactory, in two or three cases scarcely any suppuration occuring. I have not used it in burns involving as much as one-fourth of the surface of the body, but think with care it may be used safely. A dressing of this kind promotes to the greatest degree healing by scabbing which is the method to be desired in burns. After removing the cotton, because of suppuration it may be, it is not necessary to remove the bismuth scab entirely, but to cleanse any point of suppuration and powder a little bismuth on, then re-apply fresh cotton. This method saves the surgeon much labor, the patient much pain, and does much to save life from septic absorption and suppurative exhaustion. Finally by promoting healing by scabbing instead of by granulation, it will do much to lessen subsequent contraction in burn cicatrices.—*Medical Progress.*

**Treatment of Bright's Disease.**—The author summarizes his treatment as follows:

An exclusive milk diet is absolutely essential. Milk acts as a complete aliment, and also as a diuretic. It is only occasionally that he allows a little meat or the yolk of eggs. Ordinary nitrogenous diet is proscribed.

Methodical and repeated dry frictions, massage, warm douches, and frequent hot-air baths, are indicated. Cold bathing and severe exercises are forbidden.

Residence in a dry and constant climate is best, while in winter or in a variable climate, the patient should go out little, and should exercise rather in an apartment with a constant temperature of from 64° to 68°. Iodide and the chloride of sodium should be administered in increasing doses up to the point of tolerance. When the albuminuria and anasarca have ceased, he gives the phosphate of soda and lime in doses of from gr. xv. to ʒ i. in twenty-four hours.

Methodical inhalations of oxygen should be employed

Any kind of astringent is useless and harmful.—*L. Union Med.—Analeric.*

# SCIENTIFIC ITEMS.

**The Resistance of the Atmosphere.**—From Professor Langley's illustrated paper on "Comets and Meteors," in the January *Century*, we quote as follows: "Everybody has noticed that if we move a fan gently, the air parts before it with little effort, while, when we try to fan violently, the same air is felt to react; yet if we go on to say that if the motion is still more violent, the atmosphere will resist like a solid, against which the fan, if made of iron, would break in pieces, this may seem to some an unexpected property of the 'nimble' air through which we move daily. Yet this is the case, and if the motion is only so quick that the air can not get out of the way, a body hurled against it will rise in temperature like a shot striking an armor plate. It is all a question of speed, and that of the meterorite is known to be immense. One has been seen to fly over this country from the Mississippi to the Atlantic in an inappreciably short time, probably in less than two minutes; and though at a presumable height of over fifty miles, the velocity with which it shot by gave every one the impression that it went just above his head, and some witnesses of the unexpected apparition looked the next day to see if it had struck their chimneys. The heat developed by arrested motion in the case of a mass of iron moving twenty miles a second can be calculated, and is found to be much more than enough, not only to melt it, but to turn it into vapor; though what probably does happen is, according to Professor Newton, that the melted surface-portions are wiped away by the pressure of the air and volatized to form the luminous train, the interior remaining cold, until the difference of temperature causes a fracture, when the stone breaks and pieces fall—some of them at red-hot heat, some of them possibly, at the temperature of outer space, or far below that of freezing mercury.

"Where do these stones come from? What made them? The answer is not yet complete; but if a part of the riddle is already yielding to patience, it is worthy of note, as an instance of the connection of the sciences, that the first help to the solution of this astronomical enigma came from the chemists and the geologists."
—*National Druggist.*

**The Purity of Mid-Atlantic Air.**—In the course of an address on the Action of Micro-Organisms on Surgical Wounds, Professor F. S. Dennis, of New York, states that during his last trip across the Atlantic he made some experiments to test the purity of the air about 1000 miles from land. He employed capsules of sterialized gelatine, and exposed them for fifteen minutes. One capsule was exposed in the state-room upon the main deck of the steamer. Within eighteen hours over 500 points of infection had developed. Two capsules exposed in a similar manner in a cabin on the promenade deck, where the circulation of air was free, showed five or six points of infection each ten days

afterwards. A capsule exposed over the bow of the ship was found to be entirely uncontaminated. These experiments are on the same lines as those of Pasteur and Tyndall upon the mountain air of Switzerland, and, so far as they go, they show the germless condition of mid oceanic air, and also the need for much more efficient ventilation in the state-rooms of even the first-class American liners.—*Medical and Surgical Reporter.*

**Electric Lamp.**—Dr. Fleming says an incandescent lamp is not only a useful thing, but it has about it many points of great interest in physics. Many persons had the impression that the interior of a glow lamp was a place that was empty of all air particles, but this was not the case; it was as full as it well could be. Maxwell had shown that in a small cube of 1-100,000 of an inch there would be found 100,000,000 molecules of ordinary air, so that in a cubic inch of air there were a number of molecules represented by 100,000,000,000,000,000. In a Swan lamp when exhausted to one-millionth of an atmosphere, there remained some 400,000,000,000 molecules of air. As it took about ten days to count a million, a simple calculation would show that to count the number of molecules in such a vacuum would take 120,000 years of continual counting.—*Scientific American.*

**Impure Ice.**—The New York State Board of Health, in a report on the dangers of contaminated ice, draws the following conclusions: Ice formed in impure water has caused sickness; it may contain from 8 to 10 per cent. of the organic matter dissolved in the water, and in addition a very large amount of the organic matter that had been merely suspended or floating in it; it may contain living animals and plants ranging in size from visible worms down to the minutest spores, and the vitality of these organisms may be unaffected by freezing.—*Journal Med. Association.*

**According** to the report of the National Telephone Association telephony has not yet reached such a point as to make long-distance service formidable in competition with telegraphy. One hundred miles or so seem to be the paying limit at present, notwithstanding that there are several lines which exceed that distance. That of the Wisconsin Telephone Company is the longest, and has 199 miles in regular and successful operation.—*Chicago Inter-Ocean.*

**Scientific Fish Story.**—An Italian has discovered that fishes are fond of music. To one Signor Garetti the honor of the discovery is said to be due; and recently, with a party of friends, he is said to have tried the experiment on Lake Geneva, which proved quite successful. Musical notes, especially those produced by the human voice, attracted the fishes in great numbers around the boat. Fishermen should try the experiment.—*Idid.*

# PRACTICAL NOTES AND FORMULÆ.

**Whooping Cough.**—

*Editors Record:*

Have you anything late and good for whooping cough? I would be glad to hear from our medical brethren on the subject through the RECORD. J. T. S.

A medical friend now in our sanctum suggests the following as a very superior remedy:

℞ Brom. pot.....ʒ ss,
Brom. sodium.....ʒ j,
Brom. ammoni.....ʒ ss.
Syrup chloral.....ʒ jss,
Water.....ʒ ij.

M. Dose, one dessert spoonful in a little milk one to three times a day to a child one year old. If the white of an egg be added to the mixture it will improve it.

**For Vomiting.**—

℞ Acetic acid.....gtts. xl,
Creasote.....gtts. xx,
Sulph. morph.....grs. ij,
Distil. water.....ʒ ij.

M. Sig.—One teaspoonful.

**Elixir of Iron Pyrophosphate, Quinine and Strychnine.**—Dr. C. R. Bechmann, of Fountain City, Wis., says, (*Medical and Surgical Reporter*) that an elixir prepared after the following formula will not precipitate by long standing:

℞ Sulphate of quinine.....grs. cxx,
Sulphate of strychnine.....grs. ij,
Pyrophosphate of iron.....grs. ccxl,
Citrate of sodium or ammonium.....grs. lx,
Alcohol.....fl ʒ ij,
Water.....fl ʒ j,
Glycerin.....fl ʒ iij,
Simple elixir, q. s. ad.....fl ʒ xvi.

Put the quinine and strychnine in a flask, pour on the alcohol and 5 fluidounces of simple elixir, then place the flask in hot water, shaking occasionally until dissolved. Dissolve the iron in the water without heat, then add the citrate of sodium (or ammonium) and the glycerin. Pour this solution into the alkaloid solution flask, and shake well. When cold, add enough simple elixir to bring the quantity up to 16 fluidounces. An elixir made

three months ago, and subjected to 41° F., has remained as clear as when first made.

**Eulylyptol.**—According to the *Journal of the American Medical Association*, eulylyptol is the name given by Dr. Schmeltz to a mixture containing 6 parts salicylic acid to 1 part each of carbolic acid and eucalyptol, and which he considers a better antiseptic than iodoform, corrosive sublimate, or carbolic acid. A small quantity added to urine will preserve it for months.

**Use of Lanolin in Midwifery Practice.**—We notice the following in the *Cincinnati Medical News:* "Dr. C. Clark Burman calls our attention through the *Lancet* to lanolin as a particularly efficient means of reducing the ridgity of the perineum in primiparæ. Owing to its penetrative and softening properties, he finds its much preferable to the plan adopted of friction with pure lard. Only recently this ridgity was strongly marked in an elderly primipara, where the forceps were required on account of debility on the part of the patient. He was surprised with what facility he succeeded in reducing it, so as to enable him to apply the forceps much sooner than he should otherwise have felt justified in doing, on account of the danger of severe laceration."—*Druggist.*

**Biniodide of Mercury in Diphtheria and Scarlatina.**—Dr. Turner, in the *Medical Age*, says: In four years I have used it in more than eighty cases of diphtheria and never lost a case.

℞ Merc. biniodide.....gr. j,
Sacch. pepsin, P., D. & Co.....ʒ ij.

M. Ft. ch. no. xx. Sig.—one every two hours.

**Conjunctivitis.**—Dr. Thomas, in *Medical Progress*, says: In simple conjunctivitis (not specific) I have found no collyrium better than the following:

℞ Liquid ergotæ (normal).....ʒ ij,
Hydrastini.....grs. v,
Aquæ destill.....ℨ j.

M.

Often the hydrastin is omitted, and results are good. In some forms of ophthalmia, not specific, accompanied with excessive secretion, ether lachrymal or muco-purulent, it is almost a specific; of course, as is usually the case, when there is much pain some anodyne, as morphia, is added—more recently ʒ j of a 4 per cent. sol. of cocaine.

**Bi-sulphide** of carbon kills microbes, arrests fermentation, and is an all-powerful antiseptic. It has been successfully administered in France, in cases of typhus, to disinfect the breath and excretions of the patients. It also arrests diarrhœa. It is employed in aqueous solution.—*Med. World,*

**For Headache of Dysmenorrhœa.—**

℞ Chloral hydr.....dr. ij,
Morphine sulph.....gr. ss,
Syrup simp...} aa.....oz. ss. M.
Aqua font....}

Sig. A teaspoonful every hour until quiet.

**Tonic for Children.—**

℞ Ferri phosphat.....gr. iij,
Pulv. Cinnam Co.....gr. v. M.

Sig. At a draught.—*Ex.*

**Tonic in Phthisis.—**

℞ Ferri citrat.....gr. v,
Quin. sulph.....gr. j,
Acidi citric.....gr. x,
Aquæ ad.....℥ i. M.

Sig. To be taken with 10 grains of bicarbonate of soda.—*Ex.*

**Chronic Diarrhœa.—**

℞ Pulv. calumb.....℥ i,
Pulv. zinzib.....℥ ii,
Aquæ bullientes.....O j.

In funde per horas duas, et cola.

S. A wineglassful, cold, every two hours.—*Dr. Ellis.*

**Chronic Skin Eruptions.—**

Dr. James Eakins, of Port Austin, reports to the Medical Age good success with the following:

℞ Liq. pot. arsenit.....gtt. ij,
Ferri cit.....gr. ij,
Pot. iodid.....gr. v,
Syr. glycer, aquæ, aa.....℥ ss. M.

Sig. At one dose, three times a day.

**Infantile Colic.**—Professor Bartholow (New England Medical Monthly) recommends—

℞ Potassii bromidi.....℥ i,
Ol. anisi.....*m* i,
Mucil. acacia.....℥ i,
Aqua munth. pip.....℥ i. M.

Sig. One teaspoonful every half hour.

**Chronic Bronchitis.**—New England Medical Monthly:

℞ Tinct. capsici.....℥ ss,
Tinct. nucis vomicæ.....℥ ij,
Tinct. sanguinariæ.....℥ i,
Vini picis.....℥ iv. M.

Sig. Dessertspoonful four times a day.

# EDITORIALS AND MISCELLANEOUS.

## EDITORIAL BREVITIES.

MUMPS, measles, scarlet fever, and pneumonia are now *a la mode* in Atlanta.

A GOOD APPOINTMENT.—At a late meeting of the City Council Dr. W. S. Armstrong was re-elected a member of the Board of Health.

COCAINE, which originally sold at the rate of $4,220 per pound, is now reduced to two and a half cents per grain, or $12 per pound; and yet we are not happy!

THE FAITH CURE.—What is more pathetic (says the *Detroit Free Press*) than to see the simple faith with which a bald-headed man will buy an infallible hair restorer from a bald-headed barber?

THE title of Doctor (says the *Medical News*) was invented in the twelfth century at the first establishment of the Universities. William Gordenia was the first person upon whom the title of Doctor of Medicine was bestowed. He received it from the college at Asti in 1329.

PNEUMONIA.—A medical friend in Southern Alabama writes, requesting that our subscribers will write and publish in the RECORD their views in regard to the best treatment for pneumonia. We hope that a few, at least, will respond upon this interesting subject.

DEATH OF DR. J. M. BENTON.—We regret to learn of the death of Dr. J. M. Benton, of Beauregard, Miss. Dr. Benton was a young man—aged thirty-two years. He was a graduate of the University of Louisiana; was a good physician, and a useful member of the Methodist Church. He leaves an affectionate wife and two little children to mourn his demise. *Requiescat in pace.*

WELCOME.—With unfeigned pleasure we welcomed, this morning, to our sanctum the reappearance of "Squibb's Ephemeris." Owing to the absence from this country of the senior editor, the publication of this most valuable journal had been lately suspended. We congratulate Dr. Squibb upon his safe return, and the resumption of his arduous yet highly appreciated undertaking.

THE STEPHENS' PATENT SADDLE-BAG FOR PHYSICIANS.—In this issue of our journal we commence an interesting advertisement by George R. Hopkins & Co., wholesale Druggists, of St. Louis, Mo., who are the agents for the Stephens' Saddle-bags. The graduates of our colleges and physicians generally, who use the saddle-bag in practice, will do well to examine this bag, which is very highly recommended. They may be purchased in Atlanta, at the Instrument store of Mr. Isaac Phillips. Mr. Phillips is a very affable and pleas-

ant business gentleman, and keeps an interesting and beautiful assortment of Surgical Instruments, etc., at No. 14 Marietta street.

SCOTT & BROWNE, manufacturing chemists, of New York (says the *Massachusetts Eclectic Medical Journal*), make a specialty of producing emulsion of cod-liver oil with hypophosphites. Their great care in selecting the oil and in making the combination is amply proven by the high therapeutical value set upon the emulsion by the profession. It is no new remedy, but has been steadily growing in demand for a number of years. It is certainly very useful in restoring wasting tissue, and in cases of scrofulous children it acts almost as a specific. They also offer a Buckthorn Cordial, which is highly useful in the treatment of constipation.

INTERNATIONAL MEDICAL CONGRESS.—There seems now to be no doubt but the International Congress to be held in Washington this coming Summer will prove a grand affair, and an honor to the medical profession of this country. We anticipate great results. We firmly believe that from the date of the opening of this Congress a new era will be introduced in the science and art of medicine, such as never has been witnessed before in the history of medical progress and achievements in any age. Every nationality will be duly represented in this great council. The brains of every clime will bring their mite to the urn of common lore, and carry back to their respective homes an impression no less fixed than enduring of the stupendous achievements which the medical mind of this country has wrought within the last decade.

## DR. POWELL TO GO TO THE INTERNATIONAL CONGRESS.

We are pleased to announce that our Senior Editor, Dr. T. S. Powell, President of the Southern Medical College and Professor of Obstetrics and Gynæcology in that Institution, has been appointed Vice-President of the Gynæcological Section of the International Medical Congress. If there ever was an occasion illustrative of the fact that a man honors himself by honoring another, this is unmistakably one. The appointment is a good one, and we congratulate Prof. De Laskie Miller, of Chicago, the able President of the Section, in securing so able a man as the vice-president of his Section. E. v. G.

## DEATH OF THE MANAGING EDITOR'S SON.

The readers of the SOUTHERN MEDICAL RECORD and the many friends of its Managing Editor, Prof. R. C. Word, M. D., will be pained to learn of his late great affliction. His gifted son, Hon. Ernest M. Word, died of typhlitis on the 11th of January, in the thirty-second year of his age. Hon. E. M. Word was a member of the State Senate, and, though the youngest member of that body, had acquired a reputation for ability, thorough devotion to his constituency, untiring energy and unflinching allegiance to honor and duty, which is seldom awarded to one so short a time in the political arena. The State loses a faithful servant, the XXXIVth District a most worthy and able champion, the family of Dr. Word a dutiful son and devoted brother.

The writer of this feels that he but echoes the sentiments of thousands of the medical profession in tendering to Professor Word and his bereaved family the tenderest sympathy of the medical fraternity at home and abroad. E. v. G.

## SUPPORT YOUR HOME JOURNALS.

Here in the South our physicians should bear in mind that they owe a duty to their own section, in the matter of medical literature. They should encourage and support their home journals. They should not only subscribe for them but contribute to their pages. The South is not wanting in medical knowledge and talent, and if they have any pride in the medical progress of our section they should make known through their home journals all that they have gleaned in the fields of study and experience.

We appeal to our patrons to do their duty toward the RECORD in this respect; we would have them feel and take an interest in it as their own organ, and as a representative of the physicians in their own section. We ask your aid and influence in extending our list of subscribers, and in co-operating with us in our efforts to benefit the profession and to promote the progress of medical science in the Southern States.

## WAR REMEDIES.

It would be a matter of interest, as well as of practical usefulness, to gather up and publish the many remedies used during the late war by the Confederate physicians, when by reason of the blockade the supply of drugs was cut off, and it became necessary to use such indiginous herbs, roots, etc., as the wits and independent resources of the doctor suggested. We well remember that poplar, dogwood, and willow barks were used in intermittent fevers as substitutes for quinine, and with fair success. The root of verbascum or mullein was used also for chills, and as a tonic and alterative in bronchial affections—a strong tea being made of the fresh root.

On one occasion, having ordered our children to pull up some dog fennel, the inside of their hands were badly blistered. This suggested dog fennel as an epaspastic, and we afterwards used it with decided effect for that purpose. The fresh leaves of the plant, bruised, moistened and bound to the part will in a short time blister the skin. If kept on long the irritation will be too active, and the inflamed surface will require some days to recover.

We would be pleased to have reported by any of the surviving surgeons of that eventful time any remedies which they may have found useful in the emergencies of practice as substitutes for the ordinary drugs of the shops.

## DOCTOR'S FEES.

Of late years it would seem that there is less uniformity in doctor's fees than formerly. The doctors in every village, and even in the country, ought to organize medical societies, and get together at stated intervals to interchange views and consult in regard to their mutual interests. Instead of envyings and jealousies, as too often prevail, they should cultivate a kindly and social feeling for each other, and adopt such measures as will not only mutually advance their professional knowledge but will also promote their financial interest. It is a great mistake to suppose that anyone can succeed, permanently at least, by cultivating those petty jealousies which can see and say nothing good of a professional brother. It were far better to pull together, and work for each other in every honorable way. As to charges, they should endeavor, as far as practicable, to make them uniform. Fee bills should be drawn up and each practitioner should agree to conform to the standard—especially should this be done in obstetric cases and in surgical operations. The fees, of course, must vary in

different localities. In villages they are usually somewhat larger than in the country, and in cities they are larger than in villages. The expense of living, rents, etc., cause variation in prices in this as in other matters.

The following charges for the ordinary items may be said to constitute an average for the villages of Georgia, which in the cities are from 50 to 100 per cent. higher:

| | |
|---|---|
| For a single visit in the day, and prescription | $1 50 |
| For a single visit at night, and prescription | 2 50 |
| For two or more visits per day, each | 1 00 |
| For Consultation | $5 00 to 10 00 |
| For case of Obstetrics (normal) | 10 00 |
| For after-attention (four or five calls) | 5 00 |
| Far Instrumental delivery | 25 00 to 50 00 |
| For dressing fractured arm | 10 00 |
| For dressing fractured tibia | 20 00 |
| For dressing fractured femur | 20 00 to 50 00 |

The after-attention is charged according to time and trouble.

Amputations are rated about the same as fractures.

## COLLECTING DOCTOR'S FEES.

The following remarks by a Country Doctor (which we find in the *Medical Age*) will, we think, meet the indorsement of all sensible men in the profession:

"My young friends, did it ever occur to you that a business man who is always prompt to meet his own obligations is generally equally so in collecting bills that may be due him? Pay your own bills promptly, or, if possible, make no bills, but pay for what you get or do without. You may be obliged to deny yourselves many things for a time, but, once started, it will be easy, and if you owe no one you will never have it said of you, as it is of the majority of the profession, 'Let him wait, he always makes others wait.'

"Do you know that physicians as a class, are considered by business men among their poorest paying customers? How often you hear it said of Dr. A. or B.: 'He is poor pay, but then he never asks anyone for his pay'? Why not? Is not a doctor's bill just as fairly earned as a grocer's or a liveryman's? Shame on all this twaddle about the purely professional part of our calling. Is not bread and butter just as necessary to our families as to the lawyer's or merchant's? Are we the only humane and charitable profession on the globe?

"Let us drop a little of our senseless quarreling over 'ethics' and make ourselves a little less the laughing-stock of the rest of mankind. Let us pay our own debts and collect our bills just as business men do, and, above all, let us get down from our highly ethical, purely professional view of mundane affairs and grasp the situation like the merchant, farmer or manufacturer.

"We are none of us above accepting our fees when offered. Is it any worse to ask for them within a reasonable time in a business-like manner, not cringing and afraid if we ask Mr. B. for our pay that he will never employ us again? Why should we care to retain his patronage if he don't pay? It isn't all fun to practice medicine. Experience won't pay store bills. The wagon manufacturer won't think of the ethical part of our profession when we need a new buggy to replace the one worn out in the service of the public. The horse-jockey will try just as hard to cheat us, when we need a new horse to take old Jim's place,

as though we belonged to the 'honorable' profession of barbers, or tailors or merchants.

"In the many years of my practice I have never sued a man, and I think I can show as small a per centage of poor debts on my books as any physician with the same amount of practice, but I have made it a rule to pay my bills promptly and to call for pay for my own services like other business men. If anyone 'kicks' I tell him plainly but firmly, 'I have a family to support and pay my bills, and to do this I must have pay for my services.' If I find patients are dead-beats, I get rid of them, unless their case is urgent, in which case I always go as a matter of humanity. If a dead-beat undertakes to get into any altercation, I simply say, 'I have never asked you to employ me; probably there are other physicians who will gladly take your case.'

"If I find a patient destitute, I attend to the termination of the case to the best of my ability, and then say: 'I have no bill to make; if you are ever able, you can come and pay me; if not, you are welcome to what I have done.'

"Physicians are largely to blame for their own financial conditions. 'Those who are enabled by law to escape the payment of their debts' are obliged to buy meat, flour and clothing. Are we under greater obligations to them than the merchant? It is not necessary to be inhuman or grasping in order to collect just debts.

"Make fees reasonable and then ask for them like men, with the consciousness of having fully and justly earned them.

"Nine-tenths of all the fault found with physicians is by those who owe them; the patient who pays promptly rarely complains of the doctor.

"Pay as you go, and 'Do unto others as you would be done by' are just as good maxims for a physician to follow as any one else.

"In conclusion, my friends, to use a Scriptural expression (I believe), Life is too short to collect slow debts!"

## WANT OF COURTESY.

Manners are not merely the surface politeness which distinguishes the man of the world or the woman of fashion. In fact, we might say that the two classes thus represented are, by their very nature, not calculated to inculcate true politeness, because one of its first requirements is sincerity—a feeling that is not expected to be found in the code of fashionable society.

The courtesy that gives the genuine tone to a person's manners is universally conceded to be prompted by a kind and sympathetic heart. The watchful consideration for the feelings of others must be felt itself before it can be sincerely expressed by kind acts and words. No vain, selfish, egotistical or cold-hearted man or woman can be truly polite. Tact, good sense, and good will are indispensable to the courtesy that charms, attracts, and opens the heart of its recipient.

As manners play so important a part in all conditions of life, and not only in society and the family circle, but in a man's professional and public career, it is greatly to be deplored that a want of courtesy is so apparent in the majority of the rising generation, and also in mature men and women, from whom one would reasonably expect better things, when we consider the position they occupy in life. It is one of the many evils—for an evil it is—that excites apprehension among the reformers of the period. It is apparent in the manner in which children, both juveniles and adults, at home and in public, address their

parents. It is felt in the brusque and familiar tone with which the average young man greets the average young girls of his acquaintance. The deferential respect and chivalrous feelings that men should entertain towards all womanhood are too often conspicuously absent in the social intercourse of our young people.

The Bible strongly inculcates especial respect and courtesy to the aged, and pronounces a curse upon those who withhold from the hoary-headed the reverence to which their gray hairs give them a claim; but it is evident to all observing persons that there is a great decadence in that respectful feeling which should ever be manifested by youth to old age.

Professional men of all others, and especially medical men, should cultivate and endeavor to truly feel a frank and cordial courtesy towards all whom they come in contact, whether rich or poor, humble or exalted. No matter how high they stand in their respective professions, they are really the servants of the people; their prosperity largely depends upon the popular voice, and amid the revolutions of thought and sentiment now taking place in the world, the professional man who is thoroughly qualified not only to hold the position to which he aspires, but is regarded with general favor on account of his general and respectful manner towards all classes, is the man who is destined to win in the end. But apart from the utility of the question, it is most grateful to one's feelings to associate with persons whose charm of manner, expressive of a kind, noble heart, gives a nameless attraction to all they say or do and which beautifies even the sad and dreary way that many feet must tread through life. Courtesy is the flower of Politeness, and we cannot afford to trample its bloom and fragrance under our feet.

T. S. P.

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*To the Members of the Medical Association of Georgia:*

Being appointed Chairman of the Section of Surgery of the Fifth District of the State Medical Association, which meets in Atlanta on the third Wednesday in April next, I desire to present as full a record of the past year's work as may be practicable.

I have to request those who may have met with surgical cases of interest to furnish me reports of the same, and, in the event complete details cannot be presented, notes of practical points will be acceptable.

Those who may be able to contribute surgical papers, giving their experience in the management of cases by general treatment or by operative means, will please to forward the titles of their articles without delay.

It is especially desirable to receive facts connected with abdominal and renal surgery from the practice of members; but notices of all cases involving any new principle of treatment, or exemplifying established modes of procedure are requested.

As the time is limited, immediate attention is desired. Address

J. McF. GASTON, M. D., Atlanta, Ga.

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## RECEIPTS.

For 1886.—Drs. J. H. Reynolds, E. A. Anderson, F. M. Beaty, J. O. Whatley, John H. Henry, J. B. Gresham, J. F. Earnest, J. T. Cleveland.

For 1887.—Drs. J. M. Stansill, L. H. Cartledge, W. B. King, T. L. Gipson, T. F. Bivins, John Gerdine, J. W. Baker, T. L. Quillian, P. C. Tircuit; J. E. Wright, to October; E. Thomas, J. R. Jenkins, M. E. Rain, S. E. Barton, K. L. Grimes, J. J. Harmon, J. H. Henry, J. E. Kintz, J. T. Renouff; E. A. Anderson, J. C. Smith, to July; John E. Miller, L. W. Pitchford, A. R. Stephens, A. L. Elder, W. L. Green, D. M. Wheeler, W. H. Aycock, J. A. Ison, T. D. McDaniel, W. J. Westbrook, J. A. S. Bailey, R. L. Boynton, R. A. Justice, A. J. Jordan, J. W. Hammond.

# SPECIAL NOTES.

**Warner's Caffein and Bromide of Potassium** should be known to the practitioner as one which will rarely disappoint him in cases of severe headache, especially of the nervous variety. It is certainly a great satisfaction to have at hand a pleasant and palatable remedy for headache. Try it.

**Soft Elastic Capsules**, as prepared by Parke, Davis & Co., are elegant and convenient preparations. The most nauseous and offensive drugs are thus made acceptable to stomachs which otherwise could not tolerate them. See their advertisemant on last page of this journal.

**Colden's Liquid Beef Tonic** is undoubtedly a superior preparation. It is highly nutrient, and is a tonic of superior merit. It is excellent as a substitute for beef tea and may be used with good effect in low states of the system where ordinary foods are distasteful and where the digestive powers are weak. An advertisement of this excellent preparation may be seen in another part of this journal. Be sure and examine it.—ED.

**Bromidia.**—In the decline of life when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one-half to one teaspoonful of Bromidia at bedtime. It may be taken for years in the same dose, with the same effect and without detriment.

**Mellin's Food** is a dry powder made from wheat and malted barley. By a careful, scientific process the indigestible portions of the grain are extracted, and the entire starch property is converted into dextrine and grape-sugar by the action of the malt diastase. Thus the greater part of the work of digestion is performed before the Food reaches the stomach. Prepared by Doliber, Goodale & Co. See advertisement on page 26.

**Crystalline Phosphate.**—Provident Chemical Works, St. Louis, Mo., Gentlemen: Sometime ago you very kindly sent me a box of your Crystalline Phosphate. I have not had opportunity heretofore to give you expression of opinion regarding it. Now, that I have given it a fair trial, it gives me great pleasure to say that it certainly is a most excellent preparation, and one of undoubted value in the class of diseases for which it was intended.

Very respectfully yours,
C. T. WOLSEY, M. D., 261 Seneca St., Buffalo.

**Sharp & Dohme.**—The advertisement of this excellent house on second page of cover should be examined. Their preparations of every kind are everywhere recognized as reliable and excellent; prepared with great care and precision and neatly put up.

**Lacto-Peptine.**—Reports of the excellency of this preparation continue to come up from the ranks of the profession. It is adapted to all phases of indigestion, and is especially recommended in summer complaints of children, teething, diarrhœa, dysentery, cholera infantum, etc. It is prepared by the New York Pharmacal Association. This excellent establishment keeps an advertisement in this journal.